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\*\* CONTINUING DATA \*\*\*\*\* *RP*

This appln claims benefit of 60/401,212 08/05/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *RP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

## ADDRESS

23657

## TITLE

Use of POX4 promoter to increase gene expression in Candida tropicalis

<b>FILING FEE RECEIVED</b> 1174	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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